

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/18/03.

I. DISPUTE

- Whether there should be additional reimbursement for the remaining unpaid CPT codes.
- On 5/21/03, a Benefit Dispute Agreement was signed by both parties with the following results:
 - 1) “Both parties agree and accept a compensable injury to the claimant right hand, wrist sprain/strain and carpal tunnel syndrome.
 - 2) The claimant suffered disability as a result of the ____ injury from 8/13/02 through 2/4/03 and no other periods.”
- The first ‘Table of Disputed Services’ submitted for review included dates of service (DOS) 8/14/02 through 1/21/03.
- A revised ‘Table of Disputed Services,’ post Benefit Dispute Agreement, was received by MDR on 7/16/03. Therefore, the current disputed issues are: whether there should be additional reimbursement for range of motion (95851), therapies (97530, 97265, 97122), physical performance test (8 units-97750), physician/team conference (99361) and work hardening (97545-WH-AP and 97546-WH-AP) provided from dates of service (DOS) 6/14/02 through 10/21/02.
- Other than the denial due to compensability or disability issues, the respondent’s denials for the CPT codes in dispute were:
 - 1) “G- the procedure code has been rebundled to a more comprehensive code that more accurately describes the entire procedure performed.”
 - 2) “D- A previous submission for the same service/procedure is being processed.”
 - 3) “T- The treatment/service exceeds the treatment guidelines.”
 - 4) “M- This procedure is included in the basic allowance of another procedure.”
- The respondent’s response to MDR dated 5/15/03 (and 5/27/03) stated in part “...the Carrier will be re-auditing all medical bills from the disputed period and remitting payment to the provider in accordance with the Medical Fee Guidelines...applicable interest will be added...” The respondent did not submit the re-audited EOB’s to MDR.

II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8/14/02	95851	\$36.00	\$0.00	G	\$36.00	CPT descriptor MFG-MGR (I)(E)(4) (I)(A)(8)	The ROM testing was mentioned in the SOAP notes as part of the "Plan...to be performed regularly to assess patient progress." According to MFG, the doctor can be reimbursed for the MAR when a report and comparative measurements of a study is completed. On this DOS an incomplete report/chart was submitted for review on this code, therefore additional reimbursement can not be recommended.
8/28/02	95851	\$36.00	\$0.00	G	\$36.00		According to MFG, the doctor can be reimbursed for the MAR when a report and comparative measurements of a study is completed. The relevant report/note received for review had hand written notes from someone other than ____, and then ____ initialed the 'report/note.' Separate reimbursement cannot be recommended.
9/4/02	97122	\$35.00	\$0.00	D	\$35.00	MFG-MGR (I)(A)(10)	Respondent had data entry error on this DOS on EOB. Relevant information/SOAP notes supports delivery of services, therefore reimbursement is recommended in the amount of: \$35.00 .
9/11/02	95851	\$36.00	\$0.00	G	\$36.00	CPT descriptor MFG-MGR (I)(E)(4) (I)(A)(8)	Per the MFG, this service provided by the doctor can be billed separately and would include comparative measurements and report. Relevant report/note received for review supports delivery of services and therefore reimbursement is recommended in the amount: \$36.00

9/12/02	97265	\$43.00	\$0.00	G	\$43.00	MFG-MGR (I)(A)(10)	Incorrectly denied by respondent. This code is not a global code. Relevant SOAP notes support delivery of service, therefore reimbursement recommended in the amount of: \$43.00.
9/26/02	95851	\$36.00	\$0.00	G	\$36.00	CPT descriptor MFG-MGR (I)(E)(4) (I)(A)(8)	Per the MFG, this service provided by the doctor can be billed separately and would include comparative measurements and report. Relevant report/notes were not received for review to support reimbursement, therefore reimbursement cannot be recommended.
9/27/02	97750 x 10 (15 min ea)	\$430.00	\$344.00	F (8) T (2)	\$43.00 (ea. 15 min)	MFG-MGR (I)(E)(2)	SOAP notes stated, "PPE was completed today." Five Charts were received for review without any report of results or time increments. Eight units were paid. Additional reimbursement can not be recommended.
10/22/02	95851	\$36.00	\$0.00	G	\$36.00	CPT descriptor MFG-MGR (I)(E)(4) (I)(A)(8)	According to MFG, the doctor can be reimbursed for the MAR when a report and comparative measurements of a study is completed. The relevant report/note received for review had hand written notes from someone other than ___, then ___ initialed the 'report/note.' Separate reimbursement cannot be recommended.
11/6/02	97530 x 2 units 97530 x 2 units	\$70.00 (2 units) \$70.00 (2 units)	\$0.00	F	\$35.00 (ea. 15min) (2-15min=\$70.00) (2-15min=\$70.00)	CPT descriptor MFG-MGR (I)(A)(10)(11)	Relevant SOAP notes support the delivery of services, therefore reimbursement is recommended in the amount of: (\$35.00 x 4 =) \$140.00
12/6/02	99361	\$53.00	\$0.00	F	\$53.00	MFG-EM/GR XVIII (A)(B)	Relevant report was not submitted for review, therefore reimbursement cannot be recommended.
12/13/02	99361	\$53.00	\$0.00	F	\$53.00		
12/18/02	97545-WH (2 hr) 97546-WH x 1 hr.	\$128.00 (2 hrs @ \$64.00ea) \$64.00	\$0.00	F F	\$128.00 (2 hr @ \$64.00 ea) \$64.00	MFG=MGR (II)(C) (II)(E,3)	Relevant SOAP notes do not support delivery of what was billed on these DOS. Reimbursement cannot be recommended.

12/20/02	99361	\$53.00	\$0.00	F	\$53.00	MFG-EM/GR XVIII (A)(B)	Relevant SOAP notes do not support delivery of what was billed on these DOS. Reimbursement cannot be recommended.
1/13/03	99361	\$53.00	\$0.00	M	\$53.00	MFG-MGR (II)(E, 7)	
1/15/03	97545-WH (2 hr)	\$128.00 (2 hr @ \$64.00ea)		A	\$128.00 (2 hr @ \$64.00 ea)	MFG=MGR (II)(C)	Relevant SOAP notes do not support delivery of what was billed on these DOS. Reimbursement cannot be recommended.
	97546-WH (x 6 hr)	\$384.00		A	\$384.00	(II)(E,3)	
TOTAL		\$1,744.00	\$344.00				The requestor is entitled to reimbursement of \$254.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 95851, 97122, 97265 and 97530. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$254.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 20th day of April 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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